



# Joseph McDonald/Bill Crusie Memorial Run To Benefit Miles of Hope 32<sup>nd</sup> Year

5K/ 10K/ 1 Mile Kids Run/5K Walk

*Miles of  
HOPE  
Breast Cancer Foundation*

**Date:** Saturday, June 6, 2009

**Time:** 8:10 am for 1 mile kids run for boys and girls up to age 13  
8:15 for 5K walkers  
8:30 am for 5K runners and walkers  
9:00 am for 10K (runners only)

**Place:** Mesier Park, Route 9D, Wappingers Falls, NY 12590

**Registration:** Opens at 7:30 am

**Fees:** Pre-registration

\$10 for MHRRC members, runners and walkers  
\$12 for non club members, runners and walkers  
\$ 8 for kids 1 mile (no walkers)

**Race Day**

\$15 for 5K and 10K, runners and walkers  
\$10 for kids 1 mile

**Awards:** Men: up to 18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+  
Women: up to 18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+  
Kids 1 mile: up to 7, 8-10, 11-13  
Walkers in 5K: first 10 to finish

**Info:** Pete Sanfilippo (845) 297-7950 or email [petesan@optonline.net](mailto:petesan@optonline.net)

**Send to:** Checks payable to Pete Sanfilippo and mail to  
Pete Sanfilippo, 8 Carmine Drive, Wappingers Falls, NY 12590

**Restrictions:** No roller blades, baby strollers, dogs, showers

I know that running and road racing are potentially hazardous activities. I will not enter this race unless I am medically able and properly trained. I assume all risks associated with this event, including but not limited to, falls, contact with other participants, the effects of the weather including low temperature and/or precipitation, traffic, and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, in consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against the Mid-Hudson Road Runners Club, Town of Wappingers, sponsors, Race Director, and their agents, employees representatives, successors, and assigns, from any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Parent's signature if under 18)

**Age:** \_\_\_\_\_ **Gender:** F M

**Date of Birth:** \_\_\_\_\_

**Circle one:** 5K 10K 5K walk 1 mi Kids

**Circle t-shirt size:** S M L XL

